PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
NCPC No	OG No			#112	By
HPA No	SL No	R-4 Ward No	Receipt No	Date	Receipt No

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUILDING AND LAND REGULATION ADMINISTRATION PERMIT SERVICE CENTER
Tel 202-442-4589 Fax 202-442-4862

BLRA-33 (Rev 2/04)

APPLICATION FOR CONSTRUCTION PERMITS ON PRIVATE PROPERTY

(PRINT IN INK OR TYPE, DO NOT WRITE IN SHADED AREAS OR ON PAGE 4)

CLEARANCE TO FILE By_____ Date_____

ERASING, CROSSING OUT, WHITING OUT, OR OTHERWISE ALTERING ANY ENTERED INFORMATION WILL VOID THIS APPLICATION

(A) ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 27

1 Address of Proposed Work	Suite No	2 Lot	3 Square	4. Application Date
3707 'S" St. NW DC 20007		0057	1308	7-29-04

5 Owner of Building or Property	6 Address (*include Zip Code*)	7 Phone
Geraldine Dalzell-Payne	3707 S St. NW	(202) 270-0829

8 Agent for Owner: (*if applicable*)	9 Address (*include Zip Code*)	10 Phone
Tsharia Outlaw	919 Hamlin St. NE	202.207-7278

11 Type of Proposed Work (check all applicable boxes)

- ☐ New Building
- ☑ Addition
- ☐ Alteration and Repair
- ☐ Raze Building
- ☐ Retaining Wall
- ☐ Fence
- ☐ Shed
- ☐ Awning
- ☐ Garage
- ☐ Sign
- ☐ Projection
- ☐ Other (*Specify*) _____

RECEIVED D.C. OFFICE OF ZONING 2005 JAN 11 AM 9:17

12 Description of Proposed Work

(1) Repair/Renovation of existing addition
(2) Add new addition to existing addition

13 Existing Use(s) of Building or Property	14 Ex No of Stories of Bldg	15 Ex No of Dwelling Units	Official Use Only Miscellaneous FEE $
Residential SFD	2	1	

16 Proposed Use(s) of Building or Property	17 Prop No of Stories of Bldg	18 Prop. No of Dwelling Units	By	Date
Residential SFD	2	1		

19 Starting Date	20 Completion Date of work	21 Method of Removing Construction Debris	22 Does the proposed work involve **disturbing the earth** or razing a building?
(Asap) 10-30-04	12-30-04 (Asap)	☒ Pick-up Truck ☐ Dumpster ☐ Other (*specify*)	☐ Yes, answer q 23 ☐ No, SKIP q 23-27

23 Is the area of disturbed earth more than 50 sq ft?	24. Soil Erosion Control Methods	25 Area of Offsite Drainage	26. No of Footings or Columns	27 Size of Footings or Columns
☐ Yes, answer q. 24-25 ☒ No, SKIP q. 24-25		sq ft		

ALWAYS SIGN THE APPLICATION ON PAGE 3 (SECTION I)

Complete Section B if the proposed work is **new building, addition or alteration.** (Page 2)
Complete Section C if the proposed work is **razing a building.** (Page 2)
Complete Section D if the proposed work is a **retaining wall.** (Page 2)
Complete Section E if the proposed work is a **fence.** (Page 3)
Complete Section F if the proposed work is a **shed/garage.** (Page 3)
Complete Section G if the proposed work is an **awning.** (Page 3)
Complete Section H if the proposed work is a **sign.** (Page 3)

OFFICIAL USE ONLY

	R	P	H	A	
M					
P					
E					W ☐ Yes ☐ No
F					PLANS
S					☐ No ☐ Sm ☐ Lg

BOARD OF ZONING ADJUSTMENT
District of Columbia

CASE NO. 17292

EXHIBIT NO. 7

#112

(B) NEW BUILDING, ADDITION, & ALTERATION (COMPLETE ITEMS 28 THRU 60)

28 Architect's Name	29 D C Lic No.	30 Architect's Address *(include Zip Code)*	31 Phone
Kevin Wiley, associate aia		10207 Bessmer Lane, Fairfax, VA 22032	(7) 426-2799
32. Engineer's Name	**33. D C Lic No:**	**34 Engineer's Address** *(include Zip Code)*	**35 Phone**
–			
36. Building Contractor's Name	**36A D C. Lic No**	**37. Contractor's Address**	**38 Phone.**
Geraldine Dodge (1-Wayne		3707 S St. NW DC 20007	(202) 270-0829

39. Type of Construction	40 Fire Suppression	41. Booster Pump	42 Total Lot Area	43. Breakdown of Lot Area (= 100 %)	
☒ Masonry ☐ Steel	☐ Fully Sprinklered ☐ Standpipe System	☐ New		a building	%
☐ Wood ☐ Other	☐ Partially Sprinklered ☒ None	☐ Existing	sq. ft.	b paved area	%
☐ Concrete	☐ Other _____	☐ None		c. greenery	%

44 Present Gross Floor Area of Bldg.	45 Proposed Gross Floor Area of Bldg	46 Floors involved in this permit	47. Projection beyond building line?
sq. ft	2281 sq ft	☐ All ☒ Floors 2-story	☐ Yes, Answer q. 48 -52 ☒ No SKIP q. 48-52

48. Number and type of projection:	49 Distance of projection:	50. Width of projection:	51 Width of building frontage	52. Signature of Owner (projection only).
no	no.	no	ft.	

53 Water or Sewer Excavation?	54 Driveway Construction?	55. Sheeting/Shoring Necessary?	56 Elevators Involved?	57. No and type of elevator	58. Plans Certified by Engineer?
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes, answer q. 57 ☒ No		☐ Yes, cert. attached ☐ No

59. Estimated Cost of Work $6,000

(a) New/Add. $ 6,000

(b) Alt/ Repair $ _____

Total $ 6,000 $6,000

60 Volume of New Bldg. or Addition cubic ft

OFFICIAL USE ONLY

Alter/Repair FEE		New Const. FEE		Filing Fee		TOTAL PERMIT FEE	
$		$		$		$	
By:	Date	By:	Date:	By:	Date.	By	Date

(C) RAZING A BUILDING (COMPLETE ITEMS 61 THRU 83)

61 Raze Contractor's Name:	62. Contractor's Address *(include Zip Code)*	63. Phone

64 Insurance Company	65 Policy or Cert. Number	66. Expiration Date	67 Raze Method

68 Building Material	69 Raze Entire Building?	70. Building Condemned?	70A Building Vacant?	71. Public Space Vault?	72 Disconnect Water and/or Sewer?	73. Size of Water Connection
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	in

74. Plumber's Name	75. D.C. Lic. No.	76 Length	77 Width	78 Height	79 Volume	80 Party Wall?
		ft	ft	ft.	ft	☐ Yes ☐ No

81 Asbestos in the Building?	82 Raze Contractor Signature	**OFFICIAL USE ONLY**		
☐ No ☐ Yes, location _____		FEE	By.	Date
	83 Owner's Signature	$		

(D) RETAINING WALL (COMPLETE ITEMS 84 THRU 93) *The retaining wall will not obstruct any accessible parking required by D.C. Zoning Regulations*

84 Cost of Work	85 Material.	86 Height	87 Color	88 Location
$				☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *

* If party wall, the owner of the adjoining property must agree to the erection of the retaining wall and this application

89 Signature of Adjoining Owner	90 Phone Home Work	**OFFICIAL USE ONLY**		
91 Address of Adjoining Owner	92 Lot / 93 Square	FEE	By	Date
		$		

(E) FENCE (COMPLETE ITEMS 94 THRU 102)

The fence will not obstruct any accessible parking required by D.C. Zoning Regulations

94 Material and type	95 Height ft	96 Color	97 Location ☐ Entirely on Owner's Land ☐ Party Line with Adjacent Neighboring Land *

* If party fence, the owner of the adjoining property must agree to the erection of the fence and this application

98 Signature of Adjoining Owner.	99. Phone. Work / Home	OFFICIAL USE ONLY FEE
100 Address of Adjoining Owner	101 Lot / 102. Square	$ / By / Date

(F) SHED OR GARAGE (COMPLETE ITEMS 103 THRU 113)

103 Number	104. Length. ft	105. Width ft.	106 Area sq ft	107 Height ft	108 Volume cu ft	109 Est. Cost of Work $	OFFICIAL USE ONLY FEE $
110 Material of Roof	111 Material of Sides	112 Wall Thickness. ☐ External ( ) inches ☐ Party ( ) inches				113 Color	By. / Date:

(G) AWNING (COMPLETE ITEMS 114 THRU 123)

114 Number.	115 Color	116. Type ☐ Folding ☐ Fixed	117. Projections Beyond bldg line _____ in. Beyond pt of attachm _____ in		118. Height of Lowest Part of awning	OFFICIAL USE ONLY FEE $
119 Material of Frame	120. Material of Covering	121. Lettering on awning? ☐ Yes ☐ No	122 Fixed Posts? ☐ Yes ☐ No	123 Over Sidewalk café? ☐ Yes ☐ No	(a)_____ ft above sidewalk (b)_____ ft above parking (c)_____ ft above grade	By / Date

(H) SIGN (COMPLETE ITEMS 124 THRU 144)

124. Number	125 Electric Signs? ☐ Yes, answer q. 126-132 ☐ No SKIP q. 126-132	126 Type ☐ Incandes. ☐ Flouresc. ☐ Neon	127 Power _____VA	128. Electrical Contractor License Number

129. Address of Electrical Contractor (*include Zip*)	130. Signature of Licensed Electrician	131. Phone No.	132. License No

133 Height relative to building and ground	134 Material of Sign	135 Type of Sign	136. Color
(a) _____ft_____in above sidewalk (b) _____ft_____in above roof (c) _____ft_____in is building height (d) _____ft_____in above projection of window (e) _____ft_____in from roof to sign's bottom	137 Width ft. / 138 Length ft.	139. Area of Sign sq ft	140 Wide of Business frontage ft

141 C of O No for Bldg.	142 Sign Contractor License No	OFFICIAL USE ONLY Sign FEE / Elect FEE / Total FEE
143 Sign Contractor's Address.	144. Phone	$ / By / Date; $ / By / Date; $ / By / Date

(I) APPLICANT'S SIGNATURE

A OWNER I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, the construction will conform to the D C Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Owner Geraldine Dalzell-Reagan Address 3707 S St. NW IC 20007 Date 10/29/04

B AGENT I hereby certify that I have the authority of the owner to make this application I declare that the application and plans are complete and correct to the best of my knowledge The owner has assured me that if a permit (or permits) is issued, the construction will conform to the D C Construction Codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia

Signature of Agent T Oliver Address 919 Hamlin St. NE Date 10/29/04

(J) APPROVALS (DO NOT WRITE ON THIS PAGE; OFFICIAL USE ONLY):

A. PERMIT CONTROL

- ☐ 1. Fine Arts by _____ Date _____
- ☐ 2 Historic by _____ Date _____
- ☐ 3 Cap Gateway by. _____ Date _____
- ☐ 4. NCPC _____ Date. _____
- ☐ 5 W H /Obs Precinct by. _____ Date _____
- ☐ 6 Flood Control by _____ Date _____
- ☐ 7 WMATA by _____ Date. _____
- ☐ 8 Condem. by _____ Date. _____
- ☐ 9 Rental Accom. by _____ Date. _____
- ☐ 10. Chinatown Distr. by: _____ Date _____
- ☐ 11 Utility Clearance by _____ Date. _____
- ☐ 12 General Liability Ins Policy Clearance by. _____ Date. _____

B. CLEARANCE TO FILE PLANS

- ☐ 1. Zoning by: _____ Date _____
- ☐ 2 DDOT – Permit and Records Division
  Access to Parking Street ☐ Street ☐ Alley
  Cleared by _____ Date. _____
- ☐ 3. DDOT – Consumer Engineer
  Cleared by: _____ Date: _____
- ☐ 4 ERA – Erosion Control
  Cleared by NC Date 10/20/04

Restrictions of the Permit.

TO REPORT WASTE, FRAUD,
OR ABUSE BY ANY D.C. GOVERNMENT
OFFICIAL, CALL THE D.C. INSPECTOR
GENERAL AT 1-800-521-1639

C PLANS AND APPLICATION APPROVAL

- ☐ 1. Information Counter by _____ Date 10/27/04
- ☐ 2. Information Center by. _____ Date _____
- ☐ ☐ (a) ABRA by _____ Date _____
  - ☐ (b) Noise Control by _____ Date _____
  - ☐ (c) Industrial Safety by _____ Date _____
  - ☐ (d) Vector Control by. _____ Date _____
  - ☐ (e) D C. Animal by _____ Date _____
  - ☐ (f) Police Dept. by. _____ Date _____
- ☐ 3. Zoning by _____ Date _____
  Zoning Update by _____ Date _____
  Zoning Overlay approval by _____ Date _____
- ☐ 4 DDOT – Permit and Records Division/Deposit #
  Sidewalk Deposit $ _____ Driveway Deposit $ _____
  by _____ Date _____
- ☐ 5. Water/Sewer Design Branch
  Consumer Eng. by _____ Date _____
- ☐ 6 Environmental Regulation Administration
  - ☐ Environmental Policy Review
    Control No _____
    by _____ Date _____
  - ☐ Erosion Control by. _____ Date _____
  - ☐ Storm Water Mgmt. by. _____ Date _____
    Plan No _____
  - ☐ Air Quality by: _____ Date _____
  - ☐ Underground Storage by: _____ Date _____
- ☐ 7. Mechanical Eng. Review by _____ Date _____
- ☐ 8 Plumbing Eng Review by _____ Date _____
- ☐ 9 Electrical Eng Review by. _____ Date _____
- ☐ 10 Health Plan Review
  - ☐ (a) Food Plan Review by. _____ Date _____
  - ☐ (b) Medical X-Ray Plan Rev.
    by _____ Date _____
- ☐ 11. Fire Protection Plan Review
  by: _____ Date _____
- ☐ 12. D C. Fire Dept (Fire Prevention Plan Review Section)
  by: _____ Date _____
- ☐ 13. Elevator Plan Rev Sec. by _____ Date _____
- ☐ 14. Plumbing Insp Rev by. _____ Date _____
- ☐ 15 Construction Insp. Branch (Field Check)
  by _____ Date _____
- ☐ 16 Historic Pres Div by: _____ Date _____
- ☐ 17 EISF. _____ Date _____
- ☐ 18 Structural Eng. by _____ Date _____
- ☐ 19. Permit and Certificate Issuance Counter
  by _____ Date _____
- ☐ 20 QC By: _____ Date _____

ZONING

C of O Number _____ Date _____

Existing Use(s) _____

Proposed Use _____

_____

- ☐ New Bldg
- ☐ P O.D
- ☐ File in room 2124

Job No	BZA Case No	PUD Order No

DDOT – PUBLIC SPACE

Street Name _____

Street Width _____

Road Width _____

Sidewalk Width _____

Parking _____

Restrictions

Department of Consumer and Regulatory Affairs

Building and Land Regulation Administration - Permit Service Center

October 2004 | Comments | Received: | Date: | PLANS Y N | APPLICATION Y N

Coordinator Leon Paul (Eng. Clerk.) Applicant/Agent GERADINE PAYNE

Project Location:

3707 S ST NW

Required Reviews (Checked boxes only)	Reviewer	Completion Time	Review Status
☐ Public Space		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to DDW ☐ Conf. w/ Applicant
☑ Zoning 10/28/04 See Note Below		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to BZA ☐ Ref. to Zoning Administrator ☐ Conf. w/ Applicant
☑ Soil Erosion ☐ Storm Water Mgmt		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to DOH ☐ Conf. w/ Applicant
☐ Air Quality ☐ EIS		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to DOH
☐ Water & Sewer		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Ref. to WASA ☐ Conf. w/ Applicant ☐ WASA deposit required
☑ Mechanical/Plumbing		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ Health		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☑ Electrical		☑ AM ☐ PM	☐ Approved ☑ HFC ☐ Conf. w/ Applicant
☐ Elevator		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☐ Fire Protection		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant
☑ Structural		☐ AM ☐ PM	☐ Approved ☐ HFC ☐ Conf. w/ Applicant

Remarks

10/28/04 Zoning: Required BZA Approval for Non-Conforming SFD structure w/2 Non-Conforming Existing Side yard, open courts of 2 side of rear of main structure - Min. Width of open court 6'

* GET ZONE SIGN OF FIRST. ② NEED SITE PLANS ATTACHED TO PLANS SHOWING: ③ CONST. ENTRANCE, ④ LIMIT OF DISTURBANCE ⑤ SILT FENCE (TONY G Elec. Provide GFI receptacles for all 120V 20A bathroom & kitchen counter top outlets.

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
Building and Land Regulation Administration

ENVIRONMENTAL INTAKE FORM

Project Name.	Project Address:	Lot.	Square:
3707 S St. NW	3707 S	1308	57
Filed Job Application # (If applicable).	Project Description: "Addition"		

Owner: Geraldine Dalzell-Payne Date: 10-27-04

Owner's address and phone #: 3707 S St. NW 202 270 0829

Authorized agent: Tasharia Outlaw N/A

Address and Phone # of authorized agent: 919 Hamlin St. NE WDC 20017 202.207 7278

Scope of the Project	Yes	No	Instructions
1. Is this a solid waste facility?			If yes, see EIS Coordinator
2 Does the owner of this site own adjacent or abutting property?		✓	If yes, submit a site plan to EIS Coordinator, DCRA If no plan exists, submit written explanation to EIS Coordinator, DCRA
3 Does the owner of this site plan to acquire property that is adjacent to or abutting this site within the next three years?		✓	If yes, submit a site plan to EIS Coordinator, DCRA. If no plan exists, submit written explanation to EIS Coordinator, DCRA.
4 Is additional activity planned by the applicant for this site or any site within the same square during the next three years that requires a permit?		✓	If yes, submit a site plan to EIS Coordinator, DCRA. If no plan exists, submit written explanation to EIS Coordinator, DCRA.
5 Is this a residential project within the R-1 through R-5-A zoning districts?	✓		If yes, skip to signature line.
6 Is this project a single-family residence that is not in conjunction with the building of two or more units?	✓		If yes, skip to signature line.
7 Is this project an accessory structure such as a garage, patio, swimming pool or fence?		✓	If yes, skip to signature line.
8 Is the project solely an interior renovation with no change in the use or capacity of the structure being renovated?		✓	If yes, skip to signature line.
9 Is the project located in an Economic Development Zone, as defined in DC Code 5-1401 et seq (DC Law 7-177)?		✓	If yes, skip to signature line.
10 Is the project located within the Central Employment Area as defined in DC Zoning Regulations? (Title 11DCMR)		✓	If yes, skip to signature line.
11. Does the project involve only the operation, repair, maintenance, or minor alteration of public structures, facilities, mechanical equipment, or topographical features and involve negligible or no expansion of use beyond that previously existing?		✓	If yes, skip to signature line.
12 Has an Environmental Impact Statement (EIS) been prepared pursuant to the National Environmental Policy Act of 1969 (NEPA), or a determination made that no EIS is needed, or has the functional equivalent of an EIS been prepared?		✓	If yes, submit documentation to EIS Coordinator, DCRA.

-OVER-

Scope of the Project	Yes	No	Instructions
13 Is an exemption claimed from the requirement to submit an Environmental Impact Screening Form pursuant to Title 20, Sec 7202 that is not referred to in this form? If yes, describe the exemption and cite the relevant section of the regulations on an attachment.		✓	If yes, describe on an attachment and submit to EIS Coordinator, DCRA.
14 Does the total cost of the project exceed $1 42 million, including site preparation and construction?		✓	If yes, and no exemption claimed, Environmental Impact Screening Form (EISF) required.
15 Is the cost of this project $1 42 million or less? If yes, please answer all of the following questions	✓	✓	If yes, complete A through G.
A Does the project site contain any species of plant or animal that is identified as threatened or endangered?		✓	If yes, EISF required.
B Are any streams, lakes, ponds, springs or wetlands within 100 feet of the project site?		✓	If yes, EISF required.
C Will the project result in an emission of odorous or other air pollutants from any source, including VOCs?		✓	If yes, EISF required
D Will this action involve the use, production or disposal of hazardous substances as defined in 20 DCMR 7299?		✓	If yes, EISF required.
E Will construction be on land where the depth to the water table is less than 3 feet?		✓	If yes, EISF required.
F Will blasting occur as part of the project?		✓	If yes, EISF required.
G Will the project generate medical, infectious, radioactive or hazardous waste?		✓	If yes, EISF required.

I certify that all of the statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. The making of false statements on this application is punishable by criminal penalties. (DC Code Sec. 22-2514)

Geraldine Dalzell-Payne — 10-25-04

Signature of Owner/Authorized Agent — **Date**

OFFICIAL USE ONLY

Environmental Impact Screening Form required: Yes ____ **No** ✓ **Referred to EIS Coordinator** ____

DCRA Reviewer ____ **Date** 10-28-04

If yes, submit to EIS Coordinator
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration

Comments ____

NOTE: APPROVAL OF A BUILDING PERMIT IS NOT SYNONYMOUS WITH APPROVAL OF AN ACTION OR ENTIRE PROJECT UNDER THE ENVIRONMENTAL POLICY ACT OF 1989. IF THE APPLICANT BUILDS ON THE SAME, ADJACENT OR ABUTTING PROPERTY OR EXPANDS UPON THE WORK DESCRIBED IN THE INSTANT APPLICATION OR PLANS AND SPECIFICATIONS WITHIN THREE YEARS, AN ENVIRONMENTAL IMPACT SCREENING FORM MAY BE REQUIRED FOR THE ENTIRE PROJECT, INCLUDING THE PORTION ENCOMPASSED BY THIS APPLICATION AND PERMIT APPROVAL. FURTHER, IF THE ACTION IS IN VIOLATION OF ANY FEDERAL OR DISTRICT LAWS PERTAINING TO THE ENVIRONMENT, AN EISF CAN BE REQUIRED.

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL, CALL THE INSPECTOR GENERAL ON 1-800-521-1639

ENVIRONMENTAL HEALTH ADMINISTRATION

CONSTRUCTION PERMIT APPLICATION – SUPPLEMENTAL FORM ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: 3707 S St. NW LOT: 1308 SQUARE: 67

PROJECT DESCRIPTION Addition

Note. please answer all 12 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. Until this application is reviewed approved by the concerned office(s), the permit will not be issued

	SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE (Initial/Date
1	Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?		✓	(202) 535-2289, EIS Coordinator, EHA	
2	Will the work to be performed involve the assessment or clean-up of soils associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2250, Air Quality Division, EHA	
3	Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?		✓	(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2190, Water Quality Division, EHA (202) 535-2250 Air Quality Division, EHA	
4	Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?		✓	(202) 535-2190, Water Quality Division, EHA	
5	Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?		✓	(202) 535-2290, Hazardous Waste Division, EHA	
6	Will the proposed project involve construction that will disturb the sediment in rivers, streams or wetlands?		✓	(202) 535-2190, Water Quality Division, EHA	
7	Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?		✓	(202) 535-2525, Underground Storage Tank Division, EHA	
8	Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?		✓	(202) 535-2250, Air Quality Division, EHA	
9	Will the proposed project involve the removal, handling, transportation, disposal, or encapsulation of asbestos? **Please bring with you a copy of your asbestos survey, ten-day notification form, and asbestos abatement permit fee		✓	(202) 535-2250, Air Quality Division, EHA	
10	Was the building built before 1978? (Lead paint may be present)	✓		If you answer "Yes" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project	

AFFIDAVIT

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature Geraldine Dalrell-Payne Name (print) Geraldine Dalrell-Payne

Address 3707 S St. NW DC 20007 Date 10/28/04 Phone (202) 27[illegible]

OFFICE USE ONLY

COMMENTS AND PERMIT RESTRICTIONS:

(USE REVERSE IF N

EHA Form # 99-1300 – I

DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION

LEAD HAZARD CONTROL PERMIT QUESTIONNAIRE AND EXEMPTION FORM

Project Address 3707 S St. NW

Name of Owner(s). Geraldine Dalzell-Payne Name of Contractor: Same

Phone Number. (202) 270-0829 Square # 1308 Lot #: 57 Ward #

Project Start Date: ASAP Project End Date: ASAP

Building Type: Commercial - Government -

Office	☐	Federal	☐
Mixed Use (Explain)		District	☐
Residential -		Institutional -	
Multi-family	☐	Hospital	☐
Single-Family	☑	Museum	☐
Elderly or handicapped	☐	School/Child Development	☐

1. **Is the project planned in response to a child being identified as lead poisoned? YES ☐ NO ☑**

2. **Is the project designed to eliminate or reduce lead-based paint hazards in a pre-1978 building or structure? YES ☐ NO ☑**

If you answer "YES", contact the Lead Division at 51 N Street, N.E., 3rd Floor (202) 535-2637 for a lead-based paint control permit application and notification form, unless an exemption listed below applies. **If you answer "NO"**, a permit is not required, but you are required to answer the following questions:

SCOPE OF PROJECT	YES	NO	COMMENTS
1. Is the project disturbing deteriorated lead based paint on surfaces totaling more than 2 square feet per room, or 20 square feet on exterior surfaces, or 10% of a building component with a small surface (such as a small painted window frame) involving the following			
A. Removal and replacement of lead-based paint components, e.g. windows, doors and baseboards?		—	
B Onsite stripping and removal of lead-based paint?		—	
C. Partial demolition or gutting of building?		—	
2 Does the project involve the removal and covering of lead-contaminated soil?		—	

EXEMPTIONS

Please indicate the applicable exemption from the following list:

- ☐ Individuals who perform lead-based paint activities at residences which they own, unless the residence is occupied by a person or persons other than the owner or the owner's immediate family; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Housing for the elderly or persons with disabilities; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing
- ☐ Any (0)-bedroom unit, such as an efficiency apartment.

AFFIDAVIT

I declare that the information provided is accurate, true and complete to the best of my knowledge and belief, and/or I have the authority to represent the owner of the property to answer this application and sign on behalf of the company and/or persons listed as owners. I understand that if such information contained in this application false, I am subject to the penalty provisions of D.C. Law 11-221. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

Geraldine Dalzell-Payne — SIGNATURE

10-27-04 — DATE

PRINT NAME

For Official Government Use Only

PERMIT REQUIRED YES ☐ NO ☐ Reviewed By: Date:

BLRA 33C

CONTRACT AGREEMENT

Name of Contractor/Owner Geraldine Dalzell-Payne Contractor's License No.

Address of Contractor/ Owner 3707 S St. NW Date: 10/27/04

ADDRESS OF PROPOSED WORK	3707 S St. NW DC 20007	LOT / SQUARE	1308
OWNER OF BUILDING OR BUSINESS	Geraldine Dalzell-Payne	PHONE No	0057

DESCRIPTION OF PROPOSED WORK

Addition

COST ESTIMATE

CONSTRUCTION e g drywall, ceilings, framing, carpentry etc	$	63,000.00
ELECTRICAL	$	5,000.00
MECHANICAL	$	6,000.00
PLUMBING	$	10,000.00
FIRE PROTECTION e g sprinkler system, fire alarm system, generator etc	$	
DEMOLITION	$	1,500.00
MISC/OTHER (please specify)	$	1,500.00
TOTAL	$	86,000

The labor and material costs of counter tops, kitchen cabinets, floor coverings, tile work, caulking, patching and plaster repair, painting other than fire retardant paint, gutters and downspouts, not more than 160 square feet of gypsum board shall not be included in the cost estimate for permitting purposes The entire list can be seen in the 1999 D C Building Supplement Chapter 1 Section 107 3

The foregoing terms, specifications and conditions are satisfactory and hereby agreed to You are authorized to work as specified and payment will be made in the amount as outlined Upon signing this agreement, the owner represents and warrants that he or she is the owner or the authorized agent of the owner of the aforesaid premises and that he or she has read this agreement

CONTRACTOR Geraldine Dalzell-Payne Date 10/27/04
Signature & print

OWNER OF BUILDING/BUSINESS Geraldine Dalzell-Payne Date 10/27/04
Signature & print

Upon signing this document, the owner and contractor declare that the cost of construction as specified above for the referenced project is true and correct to the best of their knowledge

Please fill out this agreement form in accordance with D.C Construction Code Supplement 1999, Chapter 1 Section 112.1.